

## Application Information

## Applicant Information

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State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 90401

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Howard
Family Name::	Soroka
City of Residence::	Santa Monica
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	2920 17 <sup>th</sup> Street
City of mailing address::	Santa Monica
State or Province of mailing address::	CA
Postal or Zip Code of mailing address::	90405

## Correspondence Information

Correspondence Customer Number:: 07278

## Representative Information

Representative Customer Number:: 07278

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35 USC 119(e)	60/425,715	11/12/02